

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of Nevada

Berly Nicole Foster-Henry, individually, and
Deonne Henry, Individually.

Plaintiff(s)

v.

Army and Air Force Exchange Services, Andrews
and Company, LLC, Department of Defense; United
States of American Ex Rel Nellis Air Force Base,
United States of America Ex Rel Department of the A

Defendant(s)

Civil Action No. 2:17-cv-1437

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Army and Air Force Exchange Services, Andrews and Company, LLC, Department of Defense; United States of American Ex REL Nellis Air Force Base, United States of America Ex Rel Department of the Air Force; Army and Air Force Exchanges Services Department of Defense, USAFWC/JA, 4428 England Avnue Bldg. 18, Nellis AFB. Nevada 89191; and Andrews and Company LLC,m Registered Agent CSC Services of Nevada 2215 B. Renaissance Drive, Las Vegas Nevada 89116

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Amanda M. Roberts, Esq. Roberts Stoffel Family Law Group , 4411 South Pecos Road, Las Vegas, Nevada 89121 (702) 474-7007,

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DEBRA K. KEMPI

CLERK

Debra K. Kemp

(By) DEPUTY CLERK



May 19, 2017

DATE

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PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)*
 was received by me on *(date)* June 29, 2017.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: In accordance with Federal Rule 4, (l) sending a copy of a Complaint and Summons by registered or certified mail to the civil process clerk of the Attorney General of the United States U.S. Department of Justice, 950 Pennsylvania Avenue NW., Washington DC 20530-0001

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date:

8/11/17

Attached hereto to is the Green Card for Service


Jennifer J. Souza,

Server's signature

Paralegal to Amanda M. Roberts, Esq.

*Printed name and title*4411 South Pecos Road, Las Vegas Nevada 89121*Server's address*

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Erly Lass</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Attorney General of the United States U.S. Department of Justice 950 Pennsylvania Ave., NW Washington, D.C., 20530-0001		B. Received by (Printed Name) C. Date of Delivery <i>JUL 27 2017</i>	
2. Article Number (Transfer from service label) 7014 2120 0000 4189 2007		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
 9590 9403 0583 5183 7366 80		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail® <input type="checkbox"/> Restricted Delivery	

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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